

NEWS BULLETIN

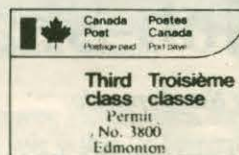
Volume 9, No. 4



August-September, 1985

Health Unit Strike Continues

Suite 760
Principal Plaza
10303 - Jasper Ave
Edmonton, Alberta
T5J 3N6



rates of pay in the province. The negotiating committee has been considering a revised offer from this employer.

The meeting also considered a recent letter from the Health Unit Association of Alberta which contained an implied threat to discontinue the insurance coverage which the Health Units are obliged to continue during the strike under the terms of the previous collective agreement. (The insurance premiums have been paid by UNA as an additional form of strike assistance.)

The negotiating committee has replied to the Health Unit Association's letter making clear UNA's view that discontinuation of benefits would not be tolerated.

The Health Units are now facing a very hectic time, the beginning of the school year. While they are busy trying to figure out how to handle the business of the Health Units, 75% of the striking Health Unit nurses voted on September 4 to continue to reject the Health Units' offer. The strike continues...

At UNA Local #53 in Calgary, members of the striking local continue to monitor the VON to determine if it has, in fact, discontinued all nursing services as was stated by VON representatives last June.



The strike by almost 200 UNA members at eight Health Units remains strong as it entered its sixth month on September 1.

Members at the City of Lethbridge, Leduc-Strathcona, and North Eastern Health Units continue to picket their offices regularly while other Locals have held regular morale boosting meetings and other events aimed at maintaining group solidarity.

As striking nurses from communities across the province prepare to hold their regular monthly rally on September 9 in Calgary, the negotiating committee met

with Local presidents to review the progress of the strike and plan future action.

At that meeting the presidents and the negotiating committee discussed recent contacts made by a representative of one Health Unit Board to the president of the striking Local involved, and considered the appropriate responses. The group also discussed developments of Alberta West Central Health Unit (UNA Local #98) where negotiations have been ongoing since July. Alberta West Central Health Unit nurses currently enjoy the highest Health Unit

Health Unit Talks to Resume

Negotiations with the Health Unit Association of Alberta will resume on September 19, 1985 at the HUAA's request. UNA welcomes the return to bargaining and in the words of Simon Renouf, "believes that a settlement satisfactory to all parties can be achieved provided the government has lifted the unrealistic spending limits on Alberta's Health Units." In the meantime, the strike at 8 Health Unit Locals continues.



FIGHTBACK

UNA defends
the contract

Fort McMurray Local Wins Job-Sharing Arbitration

by Nao Fernando

Local 96 won a decisive victory against the Fort McMurray Regional Hospital in a number of matters arising out of what the hospital tried to call "an innovative concept of job share." The Arbitration Board allowed all three grievances launched by the Local and ordered the hospital to reinstate the terminated employees as permanent part-time employees of the hospital.

It all started in July 1983 when 2 nurses in the Emergency Department applied to the hospital to "split one full time position between them." The hospital agreed but decided to classify them as "job sharers" with all benefits cut right down the middle. Subsequently six other nurses applied for the same reduction in hours and were allowed to share three full time positions. All 8 nurses were informed by the hospital of the conditions that were to govern these "job sharers." These included the stipulation that each nurse would cover the other's vacation leave, sick time, maternity leave etc.

In August 1984 as a result of the new collective agreement and pursuant to Article 30.03(d), the Executive of the Local made enquiries to ascertain whether the employer had complied with the requirement to provide "a statement of hours" to each part-time employee. It was then that the present Local Executive learned that the employer was not regarding them as permanent part-time employees with all the attendant rights and benefits of such employment but that it regarded these employees as "job sharers" a classification not provided nor contemplated in the Collective Agreement.

The Local hit back with 2 grievances:

- 1 A policy grievance demanding a statement of hours for each of the 8 employees.
- 2 A group grievance which sought from the employer the categorization of these employees as permanent part-time.

The employer retaliated by firing all 8 employees and posting the full-time positions. The Union not only grieved the firings (grievance #3) but took the employer to Court seeking an injunction to stop the firings and the filling of the full-time positions.

At this stage, the hospital gave second thought to its actions and sat down with the Union to discuss all matters pertaining to the employees in question. The two sides then agreed to an expedited arbitration under the chairmanship of Douglas Tadmán an Edmonton lawyer and Labour Arbitrator. The hearings were held in Fort McMurray. U.N.A. President Margaret Ethier was present along with a large number of Local 96 members.

The Board was asked to rule on the following issues.

- 1 Were these employees permanent part-time or permanent full-time?

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- 2 If neither, what were they?
- 3 Could the hospital enter into separate agreements with individual employees?
- 4 Could the employer terminate these employees without just cause?
- 5 Were the terminations a lay-off and if so did the employer comply with Article 15 which includes the right to bump based on seniority?

The Union contended that the classification specifications of the so-called job sharers had all the attributes of a permanent part-time classification as defined in Article 2.06 and hence should be classified as such. It further contended that the employer could not create another class of employees outside of the collective agreement and more importantly negotiate with individual employees and without Union sanction. Finally the Union argued that in accordance with Article 23.06 employees could only be terminated for "just cause" and if it was the contention of the hospital to reduce its working force it could do so only by invoking Article 15.

The employer on the other hand took the position that if the nurses were to be ruled as permanent part-time, they would in effect be obtaining something to which they were not entitled. It further argued that as this was an arrangement the employees themselves wanted and as the Local Executive at the time had full knowledge of the situation the Union was now estopped (prevented) from grieving it. As for the firings, the employer stated there would be no loss of employment, due to the number of vacant full-time positions the resignations would create and in any event the nurses would get absorbed into full-time positions as and when vacancies arose.

In a lengthy decision the Board ruled

- a that the nurses were in fact permanent part-time employees.
- b that the terminations of the nurses were a nullity.

The Board noted that "while it is clear that the nurses did not agree to an amendment of the collective agreement, it is equally clear that the Union Local was aware of and did not object to the ad hoc arrangement which the hospital and the individual nurses who participated in the job share program entered into."

However the Board rejected the argument of estoppel made by the hospital on the ground that there was no clear evidence "that the nurses represented to the hospital that the Union would not enforce in relation to job share participants, the provisions of the collective agreement as it related to permanent part-time employees." The Board further stated "a review of the evidence indicates that it is not at all clear that the nurses were even aware prior to (Local) President Delaney's enquiries in late 1984 that the hospital did not consider the job sharers permanent part-time employees."

Having disposed of the estoppel argument the Board went on to

quote Justice Judson of the Supreme Court of Canada who stated in 1959.

"There is no room left for private negotiation between employer and employee. Certainly to the extent of the matters covered by the Collective Agreement, freedom of contract between master and individual servant is abrogated. The Collective Agreement tells the employer on what terms he must in the future conduct his master and servant relations."

Syndicat Catholique des Emplois de Magasins de Quebec INC V. Compagnie Paquet Ltee (1959) 18 DLR (2d) 346 at pp 353-4 (1959) S.C.R. 206

While the Board upheld all three grievances, this was an upsetting and tense lesson for the grievors involved. The members of Local 96 should be the first to caution other members not to make "special deals" outside the collective agreement. Let's hope all UNA members can learn from this nearly disastrous situation.

Feedback of Fightback

Send any comments
on Fightback to:
Editorial Committee
c/o Provincial office

Local 117—Extendicare Signs New Contract

by David Thomson

Members of U.N.A. Local 117 ratified and signed a two year agreement giving nurses working at the home some significant contract improvements. The major gains are a total salary increase of six percent plus improvements in the shift differential and named holiday articles of the contract. In addition a fourth level has been added to the salary grid to be effective January 1, 1985.

The salary increase is to be phased in over the life of the agreement. Two percent is retroactive to April 1, 1985 and another one percent is to be paid effective October 1, 1985. The final three percent is divided equally with half payable April 1, 1986 and the remaining one point five percent payable October 1, 1986.

Beginning in 1986, all hours worked on Named Holidays will be paid at time and one half the basic hourly rate, a first for the members of Local 117. Prior to signing this contract, they received the minimum under Employment Standards Act: straight time rates and another day off with pay.

January 1, 1986 will see all employees who have completed the equivalent of one year's service at level three receive an additional 35¢/hour. This will be in addition to the shift differential increase of fifteen cents per hour. Shift differential will now become seventy-

How Well Do You Know Your Contract?

by

Barbara Surdykowski

Article 19 Sick Leave

Answer the following true/false quiz on sick leave. Then turn to page to see how well you have done.

1. The employer may create a policy requiring all employees to submit satisfactory proof of illness when absent from work for more than two days.

TRUE FALSE

2. Sick leave with pay under Article 19.12 will only be granted when an employee is referred to a specialist outside of the city, where such specialist is not available in the home town.

TRUE FALSE

3. Employees are required to consult with the employer to determine a mutually acceptable time for elective surgery.

TRUE FALSE

4. Sick leave pay begins as of 1200 hours on the day of admission for elective surgery.

TRUE FALSE

5. No sick leave pay is paid where absence is a result of cosmetic surgery.

TRUE FALSE

6. Many employers are attempting to discipline employees for use of sick time.

TRUE FALSE

The preceding examples 1-5 were taken from actual sick leave policies which were grieved by UNA Local #72 and subsequently removed by the employer, prior to arbitration.

five cents (75¢) per hour.

The start rate for an RN under the old contract was \$12.74. This new agreement will raise this to \$13.52. The top rate for an RN changes from \$13.45 to \$14.64, in part because of the additional increment. Members of the negotiating team for Local 117 for

were the President, Fannie Quackenbush, and the Vice-President, Patricia Slinger, with David Thomson, ERO, acting as chief spokesperson in negotiations. The Local members are pleased with the new agreement and are looking forward to receiving their retroactive pay.

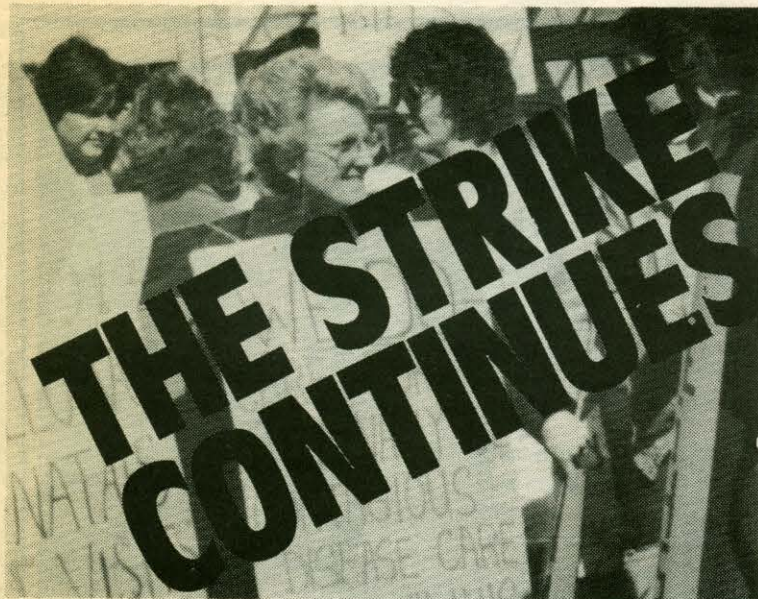
Getting to know UNA Office Staff...



Jody Bruha, Bookkeeper



Sherry Shewchuk, Executive Secretary



NOTE: To all UNA Members

The following employers have UNA locals on strike:

Calgary VON
Big Country Health Unit
Alberta West Central Health Unit
City of Lethbridge Health Unit
Leduc-Strathcona Health Unit
Minburn-Vermilion Health Unit
Northeastern Alberta Health Unit
Vegreville Health Unit
Wetoka Health Unit

No nurse should consider applying for employment at any of the above listed agencies until strike action has been concluded. For further information contact UNA Office at 425-1025 or 1-800-252-9394.



New Executive Board Member

Mary Kennes, from Local #23 in Pincher Creek, has just been elected South District Representative on the Executive Board. She was elected in June, 1985 to replace Darlene Wallace who has moved to the North District.

Mary has worked in surgery and obstetrics for the past three years. She hails from Ireland where she studied psychiatric nursing. She then went to England to study general duty nursing and came to Canada in 1981. Mary has been vice-president of her Local for the past two years and holds a position on the Professional Responsibility Committee. She has been actively involved and interested in the trade union movement since her early days of training in England. She looks forward to her new role on the Executive Board.

NEWSBULLETIN

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Stories appearing in the *Newsbulletin* have been produced by the UNA staff or are reproduced from Labour News. Photos by Wendy Danson.

All letters to the editor should be addressed to Wendy Danson, Acting Editor, UNA *Newsbulletin*, UNA Provincial Office, 10303 Jasper Avenue, Suite 760, Edmonton, Alberta T5J 3N6.

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From outside
Edmonton
Call 1-800-252-9394**

EXECUTIVE DIRECTOR'S REPORT

Patient Classification Systems—Issues Of Concern

The increasing use of patient classification systems and the recent media attention to high profile incidents in hospitals has raised concern and many questions about patient classification and general issues of consent and liability. To assist in providing answers to these questions, UNA News Bulletin has consulted UNA's legal counsel Sheila Greckol, the legal text on the subject, *Legal Liability of Doctors and Hospitals in Canada* by Ellen I. Picard, and directly with Professor Picard. The following answers have been based on information from those sources. In many cases, more complete answers can be obtained by having reference to Professor Picard's book.

1. What is consent?

The law protects the right of all individuals to be free from offensive bodily contact. Since physical contact with the client is essential in virtually all health care treatment, it is necessary for health care practitioners to obtain the consent of the client to any physical contact with the client. Consent may be either expressed or implied. Most consent to medical treatment is implied from the words or conduct of the client. Expressed consent can be in oral or written form but even the most carefully worded, comprehensive form of written consent is worthless if the client's consent lacks one of the prerequisites for validity. These prerequisites are that the consent *must* be:

- a) given voluntarily;
- b) given by a client who has capacity;
- c) referable both to the treatment and to the person who is to administer that treatment;
- d) given by a client who is informed.

A consent which is defective with respect to any one of these requirements will be null.

2. What liability are nurses putting themselves in when they consent to work alone, consent to work where there is short staffing on the ward, or consent to work in areas where they do not feel qualified to work.

Professor Picard stresses that both hospitals and nurses are required to exercise a "reasonable standard of care." In a civil trial arising from alleged negligence, the judge must construe the evidence to determine whether this reasonable standard of care has been met. Professor Picard believes that a breach of a collective agreement (such as a nurse working alone) could enhance an argument on behalf of a patient that negligence had taken place. However, she stressed that the judge would also hear various reasons and explanations from the hospital or the nurse as to why this collective agreement had been breached. Hospitals have raised in the past the argument of "scarce resources." Under this argument, hospitals make the

point that their management must allocate the resources available to the hospital. It appears to be accepted by the courts that hospitals are not expected to provide equal care in all circumstances. Professor Picard notes a growing tendency among the Canadian judiciary to hold hospitals liable where justice indicates that a patient should be compensated, rather than rely on strict legal definitions such as "reasonable standard of care." In her book, Professor Picard writes that: "a hospital has the responsibility for establishing such systems as are required for the co-ordination of personnel, facilities and equipment so that the patient receives reasonable care. In actions for negligence based on failures in this area, the defense of approved practice has been significant." Presumably, though there do not appear to be any Canadian cases on this point, the defense of approved practice (that is a defense that a hospital has administered in the same way as other hospitals, or that the nurse was acting in the approved manner for other nurses) would not be available to a hospital or a nurse where their actions contravened the contractual requirements of the employment relationship. Professor Picard notes that the defense of approved practice is simply the other side of the coin of the "reasonable standard of care" referred to above. This raises the larger question of whether in such cases the liability of the hospital would extend to the individual nurse as well.



Simon Renouf

As Professor Picard notes, the general rule is that "a hospital is vicariously liable for negligence committed within the scope of the nurse's employment." She goes on to say: "in the modern hospital, a nurse is in an anomalous position. She is a professional with certain skills, knowledge, and judgement, yet she is an employee of the hospital and although she is an indispensable part of the health care team, she has a duty to carry out the doctor's orders and he can rely on her to do so. If she falls below the standard of the reasonable nurse, she will be negligent and the hospital will be vicariously liable."

It is interesting to note Professor Picard's comments on incorrect doctors orders: "Because the consequences of a nurse following a negligent order is that the hospital would be vicariously liable, some mechanism should be set up to allow for the serious concerns of nurses and health staff about doctors' orders to be brought to the attention of those doctors and the hospital administration. Such procedures are consistent with the hospital's goals of providing the best possible care for the patient with improved risk management."

It appears that the Professional Responsibility Committee contained in the UNA Hospitals Collective Agreement provides an excellent vehicle for the expression of these concerns.

NOTE: This item will be continued in the next issue of the Newsbulletin.

New Employment Relations Officer



Barbara Surdykowski has joined the staff of the UNA on a permanent basis. Originally hired in May, 1985 as a temporary employee, Barb was the successful applicant for the ERO vacancy created by Chris Rawson's transfer to Education/Publications Officer. Barb came to Alberta in July, 1979 after graduating from McMaster University in Hamilton, Ontario with her BScN. She worked as a Staff Nurse at the Edmonton General Hospital in both the ICU and CCU. She was a Ward Rep for Local #79 during the 1980 strike and it did not take long for Barb to rise to the position of Local President, a position she held during the 1982 strike. She also held the positions of Grievance Committee Chairperson and Professional

Responsibility Committee Chairperson.

In addition to her involvement at the Local, Barb has been an active member on the UNA Executive Board from 1982 to May of this year. She acted as Chairperson of the Legislative Committee for the past two years. In 1983 she was elected Chairperson of the Provincial Hospitals Negotiating Committee and acted in that capacity during negotiations for the 1984-85 Hospital Contract.

In her own words, Barb is "thrilled to be working for the Union (she's) been committed to for so long". She states, "I am pleased to be working in a capacity that continues to improve the nursing profession as a whole."

Barb commences her duties in the Edmonton Office on September 16, 1985 after having spent 4 1/2 months in the Calgary Office where she thoroughly enjoyed working closely with the members "in the South."

She is a welcome addition to the UNA Staff and we wish her success and happiness in her new position.

Ask the Parliamentarian

You are invited to telephone or mail your questions to
Flodia F. Belter
Registered Procedural
Parliamentarian
9728 - 82 Avenue
Edmonton, Alberta
T6E 1Y5
Telephone 439-5703 or 439-1327

Debate: Rules of—

Debate. In parliamentary language, the word debate is used to designate any discussion on a motion. While frequently discussion is argumentative, often it is not. Therefore, the term debate should be recognized as meaning any discussion of the pending question, whether argumentative or not. Debate must be germane to the immediately pending question. For example, if a main motion is pending and an amendment has been properly placed on the floor, the immediately pending question is the amendment and debate is limited to that until it is disposed of, or, until a motion which takes precedence over it is placed on the floor. Debate on the main motion is not germane (relevant).

Rules:

1. A member must always address remarks to the chair, never using another member's name when it is possible to refer otherwise, e.g. She should refer to her as the "member who spoke last" or "the previous speaker," or as the member's official title of office in the organization.
2. The member may deny the correctness of a statement of fact, but must not use discourteous language.
3. In debate, a member must confine remarks to the question under consideration.
4. A member may speak once to each question, twice if no one cares to speak who has not already spoken, but no one may speak a third time to the same question without the consent of the assembly, or by general consent.
5. At any meeting the limits of debate may be changed by a motion to "limit debate", or debate on a question may be stopped entirely by a motion to "call for the previous question" (close debate and take the vote). Both of these motions require a two-thirds vote, for they restrict the right of debate.
6. A member's remarks must not reflect upon any act of the assembly, unless the intention is to conclude them with a motion to rescind such action.
7. During a meeting no one has a right to do anything that prevents others from seeing or hearing the presiding officer or the speaker.
8. No one has the right to move about, or to stand, except under direction of the presiding officer. No member may pass between the chairman and a member who is speaking.
9. When several members rise at the same time to claim the floor, the chair recognizes one of them and the others should be seated immediately.
10. One who stands waiting until a speaker finishes is out of order, and is not automatically

entitled to the floor if someone else rises and is the first to address the chair.

11. When two members address the chair simultaneously, the chair recognizes one and then calls upon the other as soon as possible.

This next section is a continuation of the article in the June-July '85 Newsbulletin and follows "Privileged Motions."

Precedence of Motions SUBSIDIARY MOTIONS

Subsidiary Motions are for the purpose of modifying or disposing of the Main Motion under discussion. There are 7 subsidiary motions, they are:—

6. To Lay on the Table: is a motion whose purpose is to dispose of a matter temporarily (not kill) so that the assembly may take care of a more urgent piece of business.
7. To Call for the Previous Question: is a motion which closes debate and terminates amendments on the question before the assembly. This call for the previous question closes debate and is a demand to take the vote. The vote requirement is a 2/3 vote to carry the demand.
8. To Limit or Extend Limits of debate: is a motion to modify discussion, whose purpose is to limit or extend the time of debate or the length and number of speeches a member may make.
9. To Postpone Definitely: is a motion to postpone to a definite time, whose purpose is to defer action on a pending question to some definite day, or meeting, or hour or until a certain event.
10. To Commit or Refer: is a motion which places a question in the hands of a standing or special (Ad Hoc) committee.
11. To Amend: is a motion whose purpose is to change the wording of a motion, resolution, etc, by one of the following forms:
 1. Insert
 2. Strike Out
 3. Strike out and insert
 4. Substitute
 5. Add (always at the end).
12. To Postpone Indefinitely: is a motion to reject (kill) the main motion and cannot be made if anything is pending except the main motion.

Questions and Answers:

1. Q. CHAIRPERSON or CHAIRMAN? A PERSONAL POINT OF VIEW
A. Chairperson solves nothing for it merely exchanges the "man" in chairMAN for the "son" in chairPERSON. It is worthy to note that the International Parliamentary Associations have adopted the resolution that a lady presiding over an assembly or committee continues to be addressed as "MADAME CHAIRMAN." Therefore the form of addressing the Chair is open to preference. Being a liberated woman, "CALL ME! MADAME CHAIRMAN" by all means.
2. Q. Why is it that an organization does not adopt the treasurer's report the same as

other reports at a regular meeting?

A. When a report is adopted, the report becomes the report of the assembly. The assembly would then be responsible for any errors or incorrect statements that might be contained in the report. The Treasurer's report is merely placed on file to be audited and the auditor's report is adopted (if passed) which automatically adopts all the treasurer's statements for the entire term.

How to Drive Nurses Crazy... and ease them out of nursing

The following is an article written by Harvey N. Mandell, MD, and originally appeared in the March, 1983 issue of "Postgraduate Medicine". It's meant to be humorous! What do you think? (Ed.)

Some of our colleagues seem to think they can best serve humanity by making life miserable for nurses. *If this was one of the goals that led you to medical school, I suggest careful reading of the following tips to help you succeed in your task.

For attending physicians: When the nurse calls you with new laboratory data, tell her to call whoever is consulting in the appropriate field and suggest she not bother you. For consultants on the same case: When the nurse calls you with new laboratory data, scold her and state emphatically that she should have called the attending physician.

Write orders illegibly and leave the floor before the nurse can get to them. When she calls for clarification, have your answering service say you are gone for the day and signed out to another doctor. If you are the other doctor, say you don't know anything about the patient.

Write most of your orders in the metric system but just enough of them in the apothecary system so nurses have to learn both. Let "g" stand for both grain and gram. Don't let your obvious obsolescence bother you.

If you are one of several physicians treating the same patient, don't look at the other doctors' orders before or after you write yours. It's okay if you order one aminoglycoside for a patient already receiving another. Let the nurse call the other doctors and try to straighten it out. Your time is much too valuable to spend it trying to avoid conflicting orders.

If you plan to be away for a few days, do not tell the head nurse. Let her find out about it when your patient is in respiratory arrest and the answering service is not sure who is covering.

Insist that only you can order an aspirin or laxative for your patients, but when you put a patient on a ventilator turn the whole thing over to the nurses and respiratory therapists. Tell them not to bother you with the details and to get arterial blood gases whenever they want. Don't confess to them that you haven't the slightest idea what the tidal volume should be.

and more staff...



Terri Baker, Clerk-Typist

If you are standing next to the chart rack, wait for a nurse to come by and ask her to get your patient's chart for you. If she does it, ask her to get you a pen so you can write orders. If she says she is too busy, pout. Then tell everyone that the nurses on that floor are no good.

Just as you leave the floor give one more verbal order that no one quite understands. Then forget the order. When the nurses call for clarification, suggest they pay more attention to you.

Never read nurses' notes but grumble that they never tell you anything about your patients.

Criticize nurses vigorously and publicly when they make mistakes. When you err, shrug it off and say that everyone makes mistakes.

Always go to the head of the line in the cafeteria because you have to be in the OR in five minutes. Then take 20 minutes for lunch and dawdle over your coffee for 20 more.

When a nurse calls you at 6 AM about your patient's deteriorating condition, state firmly that she could have waited until 8 o'clock to tell you. Then come in at 7:30 AM and order everything stat. Question why everything is not ready for you.

After changing the dressing over an infected wound, drop the old dressing on the floor. Don't wash your hands before attending your next patient. Make it clear that hand washing and sterile technique are for others.

If you're not sure whether your patient should be restrained, write the vague order, "Restrain patient prn." If the family complains that Granny is restrained, say the nurses showed poor judgment. If the family finds Granny on the floor next to the bed with a broken hip, say the nurses showed poor judgment. Later, explain that "prn" means the nurse should restrain the patient three minutes before the patient plans to climb over the side rails and break her hip.

Tell your patient she is going home Tuesday but tell the charge nurse you plan to discharge Wednesday. This keeps everyone off guard.

Write preop surgical prep orders for lumbar spine when you really mean cervical spine. Act betrayed when the patient comes to the OR with neck unprepped.

Don't return nurses' telephone calls for orders. You are much too busy to do that. Later, raise a fuss because your patient received no

medication for pain.

If the nurses make coffee on the ward, help yourself to it but never contribute to the coffee fund. Nurses' incomes are about the same as doctors', so they enjoy providing these small services.

Never carry a dressing tray, for a surgeon's hands are precious. Have the nurse do it.

Never help a nurse reposition a patient in bed; she should be strong enough to do it by herself.

In surgery, if a liter of unexpected and unwanted arterial blood suddenly obscures your operative field, immediately blame the scrub nurse for not having the proper setup and the circulating nurse for not acting quickly enough to get someone to bail you out. When panic subsides, restrain yourself from thanking them for their help.

If you're hungry and you see a nurse's lunch in the refrigerator, take some of it. She probably had you in mind when she prepared it.

Finally, if your patient's family asks you to tell the nurses how much they appreciate the good nursing care Grandpa received, forget to relay the message.

*I am speaking here of stereotypical male physicians who often treat female nurses somewhat differently than they treat male nurses.

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from
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HEALTH & SAFETY

AIDS AND THE ROLE OF THE HEALTH CARE WORKER

by Trudy Richardson

Acquired Immune Deficiency Syndrome (AIDS) is the focus of much media coverage these days. Nurses, by being nurses, are exposed to the potential of AIDS infection. What can we do to protect ourselves? First of all, much misinformation abounds about how AIDS is spread. At this point in time it seems safest to say that nurses should assume that AIDS can be transmitted by **all** body fluids. And we should also assume that an infected patient is always infectious. This means that nurses and all other hospital personnel have every reason to practise isolation techniques **compulsively**. Some hospitals have already issued policies on procedures to be followed when caring for AIDS patients. These procedures include what to do for diagnosed or suspected AIDS patients:

- 1 Don't let any excretions or secretions from a patient with AIDS contact your skin or mucous membranes (such as in your mouth, conjunctiva, or nostrils).
- 2 Wear gloves during direct patient contact: for example, when drawing blood or suctioning secretions—or if you might touch surfaces contaminated with the patient's excretions or secretions. Wash your hands **thoroughly** after removing the

gloves.

- 3 Wear a mask and gown. Special glasses should also be worn when secretions may splatter.
- 4 Dispose of needles in puncture-proof containers. **Do not** resheath needles after giving injections. You might miss the sheath and inadvertently stick yourself.
- 5 Double-bag contaminated trash, dressings, tissues, and disposable equipment in impervious bags. Double-bag, then gas-sterilize instruments such as endoscopes. Double-bag soiled linens in bags that will dissolve in hot water. Label these bags "contaminated".
- 6 Label laboratory specimens "Isolation: blood precautions".
- 7 Disinfect spills of contaminated body fluids.

Because many patients with AIDS also have hepatitis B, some hospitals recommend that health care workers who come in contact with the secretions or excretions of patients with AIDS should receive prophylactic vaccinations with immune globulin.

When caring for all patients, we should be aware that AIDS is always a potential health hazard and every nurse should practise basic precautionary hygiene techniques.

Each Local of UNA should request that the Employer immediately provide:

- 1 In-service programs for all hospital personnel on AIDS.
- 2 Procedures and policies to be used in caring for AIDS patients.

If you are nursing an AIDS patient and cut yourself or puncture yourself you **must** notify the staff health office immediately; you **must** fill in an incident report; and you **must** file a WCB claim. This is the only way you can "prove" a work-related accident should you later be diagnosed as having AIDS. The long incubation period of AIDS makes this the only way you can substantiate your claim that you contracted AIDS on the job.

To date, since the first cases of AIDS were diagnosed, not one health care worker has contracted the disease. In order to ensure that this remains true, your Employer bears some responsibility to protect you, and we can protect ourselves by compulsively following all isolation and hygiene techniques.

Should you have specific information or suggestions for nurses regarding AIDS patients, please write the Newsbulletin Editor and we will publish further information.

We can't let our fear of contracting infectious diseases keep us from giving patients the care they need. But neither can we afford to take chances with our health!

Conference on Women Confronting Work Hazards

by Angela Bunting
President, Local 121 H

I had the pleasure of attending the above noted health and safety conference on July 4, 5 and 6, 1985.

Following the introductory remarks by Mr. D. Werlin, President, A.F.L., we had the extreme pleasure of listening to Dr. Linda Murray. Dr. Murray spoke on health and safety issues and was able to identify many issues as health and safety related which I would not have identified as being related. Dr. Murray spoke specifically to women's issues such as sexual harassment, mental and physical abuse, women in the workplace and reasons for being there and economics of women working. Dr. Murray also participated in the occupation-specific workshop for health care workers, of which I was a member.

Much of the information given in the occupation-specific workshop was similar, if not identical, to the U.N.A. Health and Safety Level I workshop. The slide-tape presentation is the one U.N.A. uses in the Health and Safety workshop.

The hazard-specific workshop in which I participated was chemical hazards and there was a wide-range of participants from many areas of the work force. Many worked specifically with chemicals in laboratories and in the chemical industry and the conditions under which they must work and the difficulties they have in attempting to

improve conditions was eye-opening.

Overall I found the conference to be informative, enlightening and well-presented. The idea of breaking into groups for occupation-specific and hazard-specific is an excellent one for such a large group. There were approximately one hundred and fifty people in attendance at the conference.

The evening theatre presentation following dinner was performed by Hecate's Players. This trio of women presented skits dealing with women's work issues and also dealt with areas of health and safety. This group presented a very professional performance and I highly recommend them to U.N.A.

I enjoyed having the opportunity to meet and talk with members of other unions and organizations

from across Western Canada. There were members from C.U.P.W., C.U.P.E., A.U.P.E., M.U.P.E., mineworkers union in Hinton, Celanese Canada, S.U.G.E., occupational health workers from various industries and of course members of the Alberta Federation of Labour.

The major benefits I gained from attending this conference were to see and hear what women in other areas of the workforce are contending with and what is identified as occupational hazards and the methods of action to eliminate these hazards.

The majority of the material available to attendees was from the A.F.L. and I am in the process of listing the many "pieces of paper" which I accumulated at this conference.

NEXT NEWSBULLETIN PUBLISHING DEADLINES

Deadline for receiving articles, letters, pictures for publication in the next Newsbulletin is **October 7, 1985. Send to: The Editor, Newsbulletin, Suite 760, Principal Plaza, 10303 - Jasper Avenue, Edmonton Alberta, T5J 3N6.**

North Central District Report

by Tanis Bakke

Greetings from North Central District. Even though it is the summer time, we've been busy with the Health Unit Strike picketting and attending rallies. The striking Health Unit members are hanging in there ever so strong.

We are also gearing up for the Demand Setting Meeting that is being held in Calgary, September 11 & 12th.

We have 4 positions up for selection/re-election for N.C.D. representatives at the 1985 Annual Meeting that being those of Tanis Bakke, Lena Clarke, Gerry Cook

and Heather Molloy. All of these individuals do plan at present, to let their names stand for re-election.

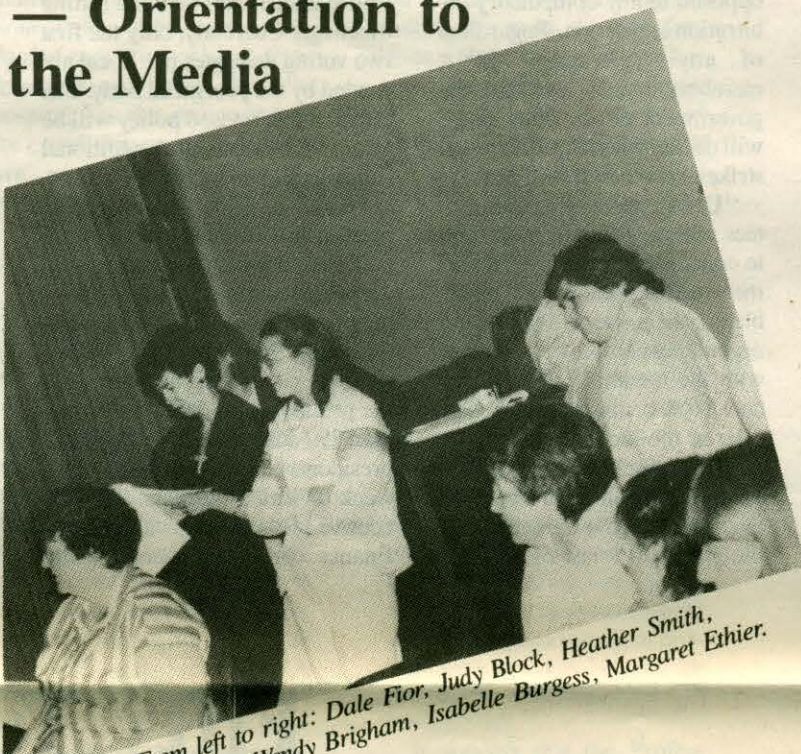
The next N.C.D. meeting is September 5th at the Provincial Office.

There have been several workshops since the last board meeting:

June 19 - Health & Safety - Level I
June 26 - Grievance - Level I
August 29-30 - Local Administration - Level II

Forthcoming workshops are:
September 20 - Grievance - Level I
September 30 - Assertiveness
October 9-10 - Grievance - Level II

Preparing for Negotiations — Orientation to the Media



From left to right: Dale Fior, Judy Block, Heather Smith, Diane Poynter, Wendy Brigham, Isabelle Burgess, Margaret Ethier.



From the technician's view, Wendy Danson, Acting E/PO. Photo by Simon Renouf.



Chief Negotiator Renouf and UNA President Ethier under the "hot lights" at the TV studio.

August 1985 Executive Board Synopsis

by Simon Renouf

The confirmation by the Executive Board of UNA's long-standing policy on compulsory arbitration, the provision of full funding for all voting delegates at future annual meetings and demand setting meetings, and the transfer of funds from unappropriated members' equity to the emergency fund were the highlights of the August 1985 UNA Executive Board Meeting.

The Executive Board unanimously adopted a policy on compulsory arbitration which reads as follows: "the UNA is opposed to any compulsory arbitration legislation. Regardless of any legislation, UNA members alone, and not the government of any other body, will decide when this union will strike and when it will not."

"UNA's negotiating committees will negotiate in good faith to conclude a collective agreement. In the event it is not possible to conclude a settlement, the negotiating committee will meet with the membership and conduct a vote on the employer's last offer at the local level."

"If the employer's last offer is accepted, it will form a basis of the new collective agreement. If the employer's last offer is re-

jected, UNA will not participate in arbitration."

While this policy had previously been adopted by the 1983 Hospital Delegates Demand Setting Meeting, the Executive Board felt that it was appropriate for the policy to be adopted formally at the Board level in order to make clear that it applies to all UNA bargaining units.

The August Executive Board meeting also passed a proposed 1986 budget which will be presented by the Executive Board to the 1985 Annual Meeting in Calgary. The budget calls for full funding for all voting delegates to future annual and demand setting meetings. Currently, only the first two voting delegates per Local are funded by the provincial body. The effect of this revised policy will be to provide substantial additional funds to larger locals. In return, large locals will no longer receive provincially funded membership education days and will be required to provide union education to their members, through the UNA education program. The 1986 budget also proposes additional funding to the presidents of locals with more than 750 dues payers, so that those presidents can work three days per week on union business. The Executive Board also adopted a finance committee recommenda-

tion to allocate approximately \$100,000 from unappropriated members' equity to the emergency fund as an additional emergency fund contribution for 1985. In other matters, the Executive Board approved:

- the UNA Labour School to be held in June of each year with the first to occur in June, 1986.
- a procedure under which large locals may apply for six months' worth of dues rebate on January 1st and July 1st of each year to enable them to fund education programs.
- an EAP (Employee Assistance Program) expert to give a two day workshop to the members of the EAP subcommittee of the Executive Board's membership services committee.
- a revised procedure for districts and locals booking workshops through UNA provincial office.
- letters to MLAs and Tory leadership candidates regarding UNA's position on seat belt and ambulance legislation.
- additional staffing and office space for the UNA provincial office including a new Publications/Special Projects Officer position.

How Well Do You Know Your Contract?

Answers to Quiz

1. False
While the employer has the right to require such evidence, the hospital cannot apply a general policy and must assess the need for each request on an individual basis.
2. False
The employer has no control of an individual's choice of physician. The employer in Article 19.12, is obliged to grant sick leave for the purpose of travel and treatment. The employee is responsible for seeking prior authorization for use of sick leave credits for this purpose.
3. False
The employer has no right to such input. The employee is entitled to sick time and pay to use when necessary. In addition, the union takes the view that all surgery is elective, whether preventative or reactive in nature.
4. False
Sick leave is paid for the full shift missed and is unrelated to an employee's admission date or time.
5. False
Article 19 provides for paid sick leave for illness and is not limited by any other criteria except where WCB is payable.
6. True
We have received a number of complaints from locals where new sick leave policies have been introduced. These policies are structured in ladders reflecting the number of occasions of illness and could appear in this format:
 - i) requiring medical certificates after 3 occasions of illness in _____ months
 - ii) counselling after 6 occasions of illness in _____ months
 - iii) mandatory physical exams
 - iv) letters of warning
 - v) termination of employment

These policies reflect the employer's intention to build a case against employees who use a "greater than average" amount of sick time and may lead to termination.
All such policies are violations of the collective agreement and should be grieved by all locals!

Fifty Year Reunion for Edmonton General Grads



1935 Graduation Photograph

by Trudy Richardson

On June 12, 1985, thirteen nurses recongregated in Edmonton to celebrate their fiftieth anniversary of graduation from the Edmonton General Hospital. Twenty-five young women had graduated in 1935, and quickly spread across the continent nursing, marrying, raising children, nursing, retiring, and nursing. Thirteen of them gathered this summer for the first time in fifty years. Teas, barbecues, buffets, tours, and shopping trips were the orders for the three day reunion, and throughout these gatherings there was a constant buzz of conversation. These are the nurses who had great difficulty finding jobs after graduation. The Depression had a

stranglehold on the economy, and these nurses could get jobs only by "specialling." This meant \$4.00-5.00 a day if one was lucky—and that was a twelve hour day! Some of these nurses went far from home to get on staff in a hospital—Drumheller, Lethbridge, Dawson Creek, Kindersley, Peace River, Fort St. John, Montreal, and Kelowna. The wages were \$25 per month, plus board and room, minus deductions for breakages—leaving often a sum of \$12.00 pay. The hours were long—12 hours a day, seven days a week. In small hospitals one nurse worked day shift and one worked nights, and they reversed every month. One nurse remembers that after 2300 hours she also had to stoke the furnace with four foot logs. Other

nurses recall going with a doctor to a farmhouse for a delivery. The nurse was expected to attend the doctor, clean the house, care for the children, prepare a meal, and reassure the husband. For their efforts, the doctor got a chicken and the nurse a thank-you! At this time no married woman could be on staff at a hospital, and so in the 1940's many of these nurses left their jobs, married, and raised children. Throughout those years, however, their lives were filled with nursing jobs for pay and much nursing done without pay. As their children grew up, many of these women returned to hospital and public health nursing jobs and today they maintain an avid interest in the profession. Retired now, they met in Edmonton to recall fifty years of nursing. They toured the Edmonton General Hospital and at one nursing station a young nurse looked amazed when they were introduced as the "Grads of '35." One grad piped up and said "Take a good look at us. We once looked like you, and this is you in 50 years!" They remain a lively, dynamic, and enthusiastic group of nurses.

Included in their book of stories is a pamphlet from the Edmonton General Hospital, 1935. The information in it is startling:

"Private Room \$5.00/day
Public Ward \$2.00/day
Maternity Private \$5.50/day
Nitrous Oxide, per hour \$2.00

There is no extra charge for babies born in this hospital

unless remaining after mother's discharge when there is a charge of \$1.00/day.
There is a flat rate covering Tonsil and Adenoid cases, one day hospitalization including operating room and laboratory charges: \$5.00.

Major Operation \$10
Minor Operation \$3.00-\$5.00

There is no charge for surgical dressings except in extraordinary cases. Individual plaster bandages will be charged at the rate of 50¢ per bandage.

The United Nurses of Alberta congratulates the Edmonton General Grads of 1935 and wishes them all many years of well-deserved retirement!

Editor's Note: Kay Tomlinson, one of the EGH '35 Grads, is the mother of Trudy Richardson, Employment Relations Officer with UNA!

1985 Reunion Photograph



FIRST ROW (Left to Right): May Bolger (Holleh), Kay Tomlinson (Dolan), Evan Scheltens (Carbol), Clara Price (Fry),
SECOND ROW: Juliet Grey (Faure), Ruth Bestrop (Stott), Margaret Cristal (Speir), Louise Chausse, Jean Oulton (Ferries)
BACK ROW: Stella Harman (Oulton), Margaret Barr (McGowan), Ruby Wennerstrom (Schooley), Dianne Kerr (Peterson)



PROFILES



U.N.A.'s 1985 Hospitals Negotiating Committee

District	Member	Alternate
North	Hazel Paish	Sue Gallivan
North Central	Heather Smith	Isabelle Burgess
Central	Diane Miedema	Judy Block
South Central	Dale Fior	Wendy Brigham
South	Erwin Epp	Diane Poynter

CHIEF NEGOTIATOR: Simon Renouf
PRESIDENT: Margaret Ethier
ERO: Trudy Richardson

The 1985 Negotiating Committee has been meeting since mid-June and has now put together its recommendations for the upcoming Demand Setting Meeting in Calgary for a renewed hospitals contract. The Committee itself is made up of eight people: one representative from each of the five districts in U.N.A., the chief negotiator, Simon Renouf, the president, Margaret Ethier, who sits as an ex-officio member of this committee, and an Employment Relations Officer, Trudy Richardson. The Chairwoman of the Negotiating Committee is Dale Fior; the Vice-Chairwoman is Heather Smith.

As you are aware the current UNA/AHA agreement expires on December 31st, 1985. It has always been the UNA's practice to enter bargaining well before the end of the year with the view to concluding a new collective agreement prior to the expiry of the current one. Watch for further information on negotiations in the Bulletin, through your phone fan-outs, and through other special releases put out by UNA.



Simon Renouf

Dale Fior



Dale graduated with her RN in 1964 from the St. Joseph's Hospital School of Nursing in Toronto. She came to Alberta in August 1981 and started work with Hospital District 93 in Calgary in September of 1981. She has been working part-time there ever since and is currently in the Orthopaedic Department.

Dale's involvement in UNA was preceded by some intensive involvement in her nursing union in Ontario. She was previously a member of the Ontario Nurses Association Board, its hospitals' negotiating committee, and her own Local executive and negotiating committee. Only one and a half weeks after beginning work at the Holy Cross Hospital in Calgary, Dale couldn't help but notice a meeting poster concerning demand setting for the 1982/83 contract. That was the start of her involvement in UNA and she hasn't looked back since then. She is currently on the Grievance Committee of her Local; she is the South Central District Representative on the Executive Board and she is chairwoman of the 1985 Negotiating Committee.

Dale believes that we are entering into an uncertain political scene in this province: there is currently a leadership race for the premiership of the province; we face the possibility of a fall or spring election. However she remains optimistic that because politicians are telling us that economic conditions have changed and things are improving for the better, this round of negotiations will have some

positive outcomes. She looks forward to working with her committee and is already impressed with the cohesiveness shown by its members.

Hazel Paish



Hazel graduated from the Edmonton General Hospital in 1942. After graduation she worked for one year in Empress, Alberta in a 15 bed hospital and after that for another year as a district nurse in the Spirit River area. She then raised a family of thirteen and returned to nursing in 1969 at the Grande Prairie Hospital. She remained there until 1980 when she moved to the High Prairie Hospital and continued working there until May of 1984 when she was forced to retire upon reaching the age of 65. As you may recall, the UNA fought this case through arbitration and the Court and was successful in achieving a ruling that the Hospital could not force Hazel to retire due to her age alone. As a result, she continues to work there on the Maternity Ward. Although Hazel does intend to retire at some point in time, she doesn't like the idea of the Hospital telling her when this ought to be: she will make the decision herself.

Hazel's involvement with the UNA spans many years. She was president of her Local in High Prairie from 1980 to 1984. She has been one of the North District Representatives on the Board for the past two years. As well, this is her second round of negotiations. She is most interested in watching the process as she wants to know exactly what is going on. "Nobody believes me when I tell them what is going on"; therefore, she feels she has to be there first hand to interpret this. Because Hazel was also the Information Officer for the North District of the AARN prior to her involvement with UNA, she feels she knows the needs of the members in the north better than anyone else and because of this chooses to represent them at the bargaining table.

Hazel feels that in this upcoming round of negotiations we will probably not have too much difficulty getting items which do not look too bad for the AHA in the newspapers.

Diane Miedema

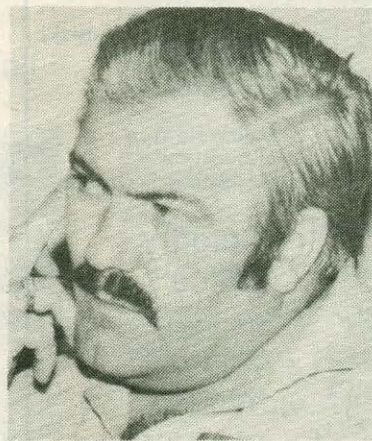


Diane graduated in 1970 from the Ottawa Civic Hospital. She came to Alberta in the summer of 1980 and has been working at the Lacombe General Hospital since January 1981 in Obstetrics, Surgery, and OPD.

Diane was an active member of the Ontario Nurses Association in Ontario where she received her first introduction to unions even though her mother had been a steward with the federal government union. When she came to Alberta and attended a local UNA meeting, she found herself elected as the secretary of her Local. She remained in that position until 1983 when she was elected as the president of the Local. She currently is still president of the Local and secretary-treasurer of the Central District.

This is Diane's first set of negotiations. She found herself on the Committee after Cindy Forster resigned and moved back east. Diane has a strong commitment to unionism and feels that a union is only as strong as its members. She is looking forward to this round of negotiations and has already found it a tremendously educational experience to delve into the details in the Collective Agreement and discover that her concerns over the language in the contract are shared by many others.

Erwin Epp



Erwin graduated in 1980 from the Wascana Institute of Applied Arts and Sciences, Regina, as a psychiatric nurse. Prior to that he worked as an RNA for twelve years. After his graduation, in

September of 1980, he joined the Lethbridge Regional Hospital as a psychiatric nurse and has worked in its Psychiatry Department since that time.

Erwin has always considered himself pro-union as he believes employees do not have any protection without a union. In 1981 when he attended a local meeting, he was elected as an observer to the UNA's annual meeting. Since then, he has served in the capacity of Vice-President and President of his Local, and is currently in his second term on the Executive Board. This is Erwin's second consecutive round on the Negotiating Committee. He was so impressed and intrigued by the last round that he decided he wanted to repeat the process. He believes that because he now understands the process and strategies used by both sides that he will be able to provide more meaningful input into what he believes the members want during this round of negotiations.

While he is cautious about predicting what's going to happen in this upcoming round, Erwin feels that hospital negotiations will be affected in a very important way by what continues to happen in the Health Unit strike. His advice is an appeal for unity amongst all members of the United Nurses of Alberta.

Heather Smith



Heather graduated from the Algonquin Community College, Ottawa in Nursing in 1976 and came to Alberta in the fall of that year. She began work at the Edmonton General Hospital on Unit 4C, a medical unit and has been working on that unit ever since. She got involved with United Nurses of Alberta early in her Nursing Career, firstly during the 3 strikes at the EGH and then as a member of the Professional Responsibility Committee. She always believed in the work the United Nurses was doing but got her first real political awareness when she gave testimony before the Forsyth Tribunal in the 1982-1983 round of Collective Bargaining. The adversarial nature of the relationship between the employer and the nurses became highlighted to her at that time. She could not understand why what nurses perceived as positive changes at the work place, management should so adamantly oppose. She also received a great deal of

(con'd on next page)



Margaret Ethier



Trudy Richardson

personal backlash due to her testifying at the tribunal and it was the support given her by her colleagues that added to her strength as a leader in UNA today.

Heather was elected President of Local #79 at the Edmonton General in the spring of 1983 and continues in that position today. She was elected to the negotiating committee this spring and has been elected as vice-chairwoman of the committee.

She is very excited about the challenging opportunity that lies ahead in negotiations and looks forward to the process and strategies

as much as the end result. She is confident that negotiations will be resolved at the bargaining table. She does not want to see a repeat "public whipping" that she saw UNA go through during the tribunal days. She believes we should not have to go to an outside party to resolve our own disputes. "Both sides have the ability to resolve the matter. We know our work better than others."

Heather's message to members is to "get out and make your opinions known to your reps. We don't know what you want unless you tell us."

Off to
UNiversity



Learning is worth it!

District Workshops '85

Education is a UNA priority. Several courses have already been held in 1985 and more are to come. Consult the schedule below to determine which workshops you wish to attend in your district, then contact your Local President who will have the necessary registration and funding information.

PLEASE NOTE: You must be registered in a workshop at least three (3) weeks in advance of the date of the Workshop. As most Workshops fill up quickly, register as soon as possible.

If you want to take a Level II course, don't forget that you must have already taken the pre-requisite course at Level I. All Level I Workshops are one day; Level IIs are 2 days.

North District

Wednesday, Thursday, Sept. 18 & 19
Professional Responsibility II
Grande Prairie

North Central District

Friday, September 20
Grievance I
Edmonton

Monday, September 30
Assertiveness
Edmonton

Wednesday, Thursday, October 9 & 10
Grievance II
Edmonton

Central District

Monday, Tuesday, September 16 & 17
Local Administration II
Red Deer

Thursday, Friday, September 26 & 27
Grievance II
Red Deer

South District

Tuesday, September 17
Ward Rep
Lethbridge

Wednesday, September 18
Grievance I
Lethbridge

Tuesday, Wednesday, October 1 & 2
Professional Responsibility II
Lethbridge

South Central District

Wednesday, Thursday, September 25 & 26
Local Administration II
Calgary

Wednesday, Thursday, Sept. 25 & 26
Health & Safety II
Calgary

Wednesday, October 2
Assertiveness
Calgary

Monday, Tuesday, October 29 & 30
Professional Responsibility II
Calgary

Tuesday, Wednesday, November 5 & 6
Grievance II
Calgary

Wednesday, December 4
Media
Calgary

**Calling UNA Office from
outside Edmonton? Call
1-800-252-9394**

Submissions to "Profiles" Column

This is a new column in the Newsbulletin. It is about members, staff, past and present who have made or are making significant contributions to UNA. We request submissions from Locals or members for this column. If you know of someone whom you feel should be interviewed for "Profiles," please contact the editor of the Newsbulletin.

**Calling UNA office
from outside
Edmonton
Call 1-800-252-9394**

THE UNA EXECUTIVE

Executive Board

PRESIDENT

Ms. Margaret Ethier
H - 467-4475
W - 425-1025

VICE-PRESIDENT

Ms. Barbara Diepold
H - 826-5276
W - 826-3311

SECRETARY-TREASURER

Ms. M.T. Caughlin
H - 262-3455
W - 268-9625

Prov. Office

Suite 760
Principal Plaza
10303 Jasper Ave.
Edmonton, Alta.
T5J 3N6
425-1025

Simon Renouf
Executive Director

David F. Thomson
Employment
Relations Officer

Wendy Danson
Employment
Relations Officer;
Acting Education/
Publications Officer

Trudy Richardson
Employment
Relations Officer

Nao Fernando
Employment
Relations Officer

Barbara Surdykowski
Employment
Relations Officer

Chris Rawson
Education/
Publications Officer

Calgary Office

206, 609-14 St. N.W.
Calgary, Alberta
T2N 2A1
283-4777

Michael J. Mearns
Employment
Relations Officer

Marilyn Vavasour
Employment
Relations Officer

NORTH DISTRICT

Ms. Hazel Paish
H - 539-7234
Ms. Karin Pederson*
H - 338-2265
W - 332-1155

NORTH CENTRAL DISTRICT

Ms. Heather Molloy
H - 456-3082
W - 477-4897 (B)

Ms. Tanis Bakke*
H - 458-7869
W - 484-8811 (E. 242)

Ms. Gina Stanley
H - 349-2373
W - 349-3301

Ms. Gerry Cook
H - 487-4228
W - 484-8811 (E. 301)

Ms. Carmelita
Soliman
H - 487-3812
W - 482-849

Ms. Lena Clarke
H - 421-0955
W - 474-5441

*District Chairperson

CENTRAL DISTRICT

Ms. Sandra Rentz
H - 346-4412
W - 343-4949

Ms. Jane Zinken*
H - 342-7070
W - 343-4930

SOUTH CENTRAL DISTRICT

Ms. Valerie Neish
W - 270-1381

Ms. Laurie Coates
H - 251-3565
W - 228-8135

Mr. Glen Fraser
H - 262-4322
W - 228-8123

Ms. Joan Jenkins*
H - 269-4862
W - 268-9482

Ms. Karen Nelson
H - 652-7568
W - 652-2321

Ms. Dale Fior
H - 238-0810
W - 266-7231 (7E)

SOUTH DISTRICT

Mr. Erwin Epp*
H - 381-6938
W - 327-4531 (E. 282)

Ms. Mary Kennes
H - 627-2573
W - 627-3333